

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12TH, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics****Reset Form****FORM-GB**Gift or Bequest information received
by a department or accepted by the
Governor on behalf of the state**For office use only**

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**Public Employment Relations Board**

Name of Department or Office

510 East 12th Street, Suite 1B

Des Moines, IA 50319

Mailing Address

515-281-4414

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Mr. James Riordan

Name

Mailing Address (if different from above)

james.riordan@iowa.gov

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Iowa Association of School Boards

Name

6000 Grand Avenue

Des Moines, IA 50312

Mailing Address

City, State, Zip Code

515-288-1991

Area Code & Telephone Number

Email Address (optional)

9-22-08

\$3,000.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

IASB's gift was given to support the Public Employment Relations Board's implementation and maintenance of an electronic database system which is accessible to the public.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, James R. Riordan affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

James R. Riordan, Chair
Signature

9-22-08
Date

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Name of Department or Office

510 East 12th Street, Suite 1B

Des Moines, IA 50319

Mailing Address

515-281-4414

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Mr. James Riordan

Name

Mailing Address (if different from above)

james.riordan@iowa.gov

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Iowa State Education Association

Name

777 Third Street

Des Moines, IA 50309-1301

Mailing Address

City, State, Zip Code

515-471-8000

Area Code & Telephone Number

Email Address (optional)

9-22-08

\$3,000.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

ISEA's gift was given to support the Public Employment Relations Board's implementation and maintenance of an electronic database system which is accessible to the public.

Criteria to use this form:

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Statement of Affirmation:

I, James R. Riordan affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

James R. Riordan
Signature

9-22-08
Date